



STAFF ONLY

This FA Application was approved by _____
2nd Staff Verification: _____

STRIDE Program Financial Assistance Application

Membership Status

Child's Name _____

Is your child(ren) a Y member? Yes _____ No _____
What type of membership? Family Youth

Proceed to application below

PERSONAL INFORMATION

Head of Household:
Full Name _____
First, Middle Initial, Last
Permanent Address _____
City, State _____ Zip _____
Home Phone _____
Birthdate _____ Annual Income _____

Spouse (or other household income contributor):
If applicable
Full Name _____
First, Middle Initial, Last
Permanent Address _____
City, State _____ Zip _____
Home Phone _____
Birthdate _____ Annual Income _____

Sliding Fee Scale Guidelines

Household Income	Fee
\$50,000 & Greater	\$125.00
\$30,000 - \$49,999	\$100.00
\$20,000 - \$29,999	\$75.00
Less than \$19,999	\$50.00

Applicants **must provide their most recent income tax return** (or a transcript thereof) showing their adjusted gross income. Depending on which form used to file taxes, the adjusted gross income can be found on Line 37 of form 1040, Line 21 of form 1040A, or on line 4 of 1040EZ.

If needed, the applicant(s) can call the IRS at (800)829-1040 to obtain a free transcript of their most recent income tax return. If the applicant(s) was not required to file taxes, they must provide a statement of government benefit payments (SSI, disability, etc.) This can be obtained by calling the Social Security Office at (800)772-1213 or TTY (800)325-0778.

Have you ever applied for program assistance at the Mankato Family YMCA before?

Yes No

Are you currently receiving financial assistance for a membership at the Mankato Family YMCA?

Yes No Family _____ Youth _____

Please describe any additional circumstance leading to your request for financial assistance for this program. (Include financial, medical, or relevant information to your situation).

The information I have provided on this form is true, accurate and complete.
I understand that I am responsible for all program fees agreed as our family share.

Applicant's Signature _____ Date _____

Financial Assistance at the Mankato Family YMCA is made possible through individual and corporate donors.

FOR OFFICE USE ONLY

Date _____ Program _____

Program Fee \$ _____ Family Share \$ _____ YMCA Share \$ _____